Disclosure Report Cover

Amendment

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information a. Full Name c. 1D Number COMMITTEE TO ELECT PATRICIA SYKES b. Mailing Address (include City, State and Zip Code) d. Date Filed 1002 FAIRLEY STREET 06/30/2016 SOUTHPORT, NC 28461 e. Phone Number (910) 457-6898 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name PATRICIA SYKES 2016 03/01/2016 06/30/2016 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum ☐ Joint Fundraiser □ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day Quarterly Pre-referendum (if applicable, check one) ☐ Final 7. Type of Fund Pre-primary First "Booster Fund" Supplemental Final Pre-election Second Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual Fourth ☐ Special NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Year End Final ☐ Final 8. Number of Fundraisers this Report Special Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name CRESCOM BANK b. Purpose c. Account Code b. Purpose c. Account Code **CAMPAIGN** SYKES3 d. Period Begin Balance d. Period Begin Balance S \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board 06/30/2016 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY **Delivery Method** Employee: QC Date Received: ☐ Normal Mail ☐ Begistered Mail Date Postmarke Employee: Hand Delivered ☐ Electronically Filed Date Scanned: Employee: BOARD OF ELECTIONS ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
☐ Yes 🖾 No

| 1. Committee Full Name (and Fund if applicable) | 2 Type of Re | port | 3 | 3 ID Number | | |
|---|-----------------|--------|--------------------------|------------------------------|-------------|--|
| COMMITTEE TO ELECT PATRICIA SYKES | 2016 Second | Quarte | er | | | |
| Start of Election Cycle: January 1, | _ | | Total this orting Period | Total this d Election Cycle | | |
| 4) Cash on Hand at Start | | \$ | 1,425.79 | _ | 1,562.69 | |
| RECEIPTS | | | | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | 110.00 | \$ | 1,920.00 | |
| 6) Contributions from Individuals | (CRO-1210) | \$ | 2,300.00 | 3 | 13,832.00 | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | 0.00 |) \$ | 0.00 | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | 0.00 |) \$ | 0.00 | |
| 9) Loan Proceeds | (CRO-1410) | \$ | 0.00 |) \$ | 0.00 | |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ | 0.00 |) \$ | 0.00 | |
| 11) Other Receipt Sources | | | | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | 0.00 | \$ | 25.00 | |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ | 0.00 |) \$ | 0.00 | |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | 0.00 |) \$ | 0.00 | |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ | 0.00 | \$ | 0.00 | |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ | 0.00 | \$ | 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c, | 11d and 11e) | \$ | 2,410.00 | | 15,777.00 | |
| EXPENDITURES | | | | | | |
| 13) Disbursements | | | | | the April 1 | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | 1,817.17 | 7 \$ | 15,246.07 | |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | 0.00 |) \$ | 0.00 | |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | 0.00 | \$ | 0.00 | |
| 4) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | 0.00 | \$ | 0.00 | |
| 5) Loan Repayments | (CRO-1420) | \$ | 0.00 | \$ | 0.00 | |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ | 0.00 | \$ | 0.00 | |
| 17) In-Kind Contributions | (CRO-1510) | \$ | 400.00 | \$ | 475.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15 | , 16 and 17) | \$ | 2,217.17 | \$ | 15,721.07 | |
| 9) Cash on Hand at End (Add lines 4 and 12 together, then sub | otract line 18) | \$ | 1,618.62 | | 1,618.62 | |
| ADDITIONAL INFORMATION | | | | | | |
| 0) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | 0.00 | | | |
| 1) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | 0.00 | | | |
| 2) Debts and Obligations owed by the Committee | (CRO-1610) | \$ | 0.00 | | | |
| 3) Debts and Obligations owed to the Committee | (CRO-1620) | \$ | 0.00 | | | |
| 4) Account Transfers Within the Committee | (CRO-1720) | \$ | 0.00 | | | |
| 5) Administrative Support | (CRO-1710) | \$ | 0.00 | \$ | 0.00 | |
| 6) Forgiven Loans | (CRO-1440) | \$ | 0.00 | \$ | 0.00 | |
| 7) 48-Hour Notice Reports Sum | (CRO-2220) | \$ | 0.00 | \$ | 0.00 | |
| 8) Contributions to be Refunded | (CRO-1215) | \$ | 0.00 | \$ | 0.00 | |

| 755 | | outions from I | ndividuals Page From Individuals of \$ | | 1 | Yes Yes | ⊠ No |
|-------------------|----------------------------------|-----------------------------------|---|----------------|------------|----------|-----------|
| 1. Committe | e Full Name (and | Fund if applicable) | | | 2. ID 1 | Vumber | |
| COMMITT | EE TO ELECT P | ATRICIA SYKES | | | | | |
| 3. Contribut | or Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/de | d/yyyy) | f. Amoun | 1 |
| ☐ Add ☐ Remove | SYKES3 | Check | | 03/03/20 | 03/03/2016 | | 50.00 |
| ☐ Add ☐ Remove | SYKES3 | Check | | 03/08/20 | 16 | \$ | 50.00 |
| ☐ Add ☐ Remove | SYKES3 | Check | | 03/06/20 | 16 | \$ | 10.00 |
| 4. Total or | nly this Page | | | | \$ | | \$110.00 |
| | ALL CRO-12 ust be on line 5 of D | 05 Pages Petailed Summary Page | CRO-1100) | | \$ | | \$110.00 |
| CRO-1205 | | N | C State Board of Elections | | | | April 200 |

| | | om Individuals | | | · — · — | 4 2 1206 | ☐ Ye | A STATE OF THE PARTY OF THE PAR | | |
|-----------|--|---|-----------------|---|--------------------------|--|---------|--|--|--|
| | | ndividual contributions (and Fund if applicable) | | Olitributions | inder \$50 ii ioiiii CAC | THE RESERVE THE PERSON NAMED IN COLUMN | ID Num | No. of the last of | | |
| | | CT PATRICIA SYKE | | | | | | | | |
| 3. Cont | ributor Informati | ion | | Add F | lemove | | | | | |
| a. Full ! | Name, Mailing Add | dress & Phone | 40 | b. Job Title/ | | d. (| Comme | nts | | |
| | ude city, state, & z | | | CONTRAC | TOR | | | | | |
| | N BURNETT III | | | a Employee | a Nama/Enacific Eigld | _ | | | | |
| | BARNES BLUFF HPORT, NC 284 | | | c. Employer's Name/Specific Field SELF EMPLOYED | | | | | | |
| 3001 | HORT, NC 204 | .01 | | SELF EIVIF | LUTED | e. f | Dection | Sum to Date | | |
| | | | | | | \$ | | 150.00 | | |
| f Prior | g Account Code | h. Form of Payment | i. in-kind De | verintian | j. Date (mm/dd/yyy | | Tk. Amo | | | |
| | SYKES3 | Check | I. III-KIIIU DE | scription | | y) | | | | |
| | STRESS | | | | 03/05/2016 | | \$ | 150.00 | | |
| | | | | | | | \$ | | | |
| | | | | | | | \$ | | | |
| | | | | | | | 2 | | | |
| | ributor Informati | | | A gion | lemove | | | | | |
| | Name, Mailing Ado ide city, state, & zi | | | b. Job Title/ | | d. 0 | Comme | nts | | |
| | | | | HOUSEWI | FE | | | | | |
| | I CARMICHAEL EVINO ROAD | | | c. Employer' | s Name/Specific Field | | | | | |
| | HPORT, NC 284 | 61 | | | **** | | | | | |
| | | | | | | e. l | Dection | Sum to Date | | |
| | | | | | | \$ | | 300.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind De | scription | j. Date (mm/dd/yyy | y) | k. Amo | ount | | |
| | SYKES3 | Cash | | | 05/09/2016 | | \$ | 50.00 | | |
| | SYKES3 | Cash | | | 05/12/2016 | | \$ | 50.00 | | |
| | SYKES3 | Cash | | | 05/16/2016 | | \$ | 50.00 | | |
| 3. Conti | ributor Informatio | on | | Add R | lemove | 0.54 | | | | |
| a. Full N | lame, Mailing Add | Iress & Phone | | b. Job Title/I | | d. (| Comme | nts | | |
| (inclu | de city, state, & zi | ip) | | HOUSEWI | FE | | | | | |
| | CARMICHAEL | | | a Employari | s Name/Specific Field | - | | | | |
| | EVINO ROAD | 61 | | c. Employer | s Name/Specific Field | - | | | | |
| 30011 | IPORT, NC 284 | 01 | | | | e. 1 | Dection | Sum to Date | | |
| | | | | | | \$ | | 300.00 | | |
| . Prior | a Account Code | h. Form of Payment | i. In-Kind Des | | j. Date (mm/dd/yyy | | lk. Amo | | | |
| | SYKES3 | Cash | 1. IN-KING Des | scription | | y) | † | | | |
| | 31KL33 | | | | 05/19/2016 | | \$ | 50.00 | | |
| | SYKES3 | Cash | | | 06/10/2016 | | \$ | 50.00 | | |
| | SYKES3 | Cash | | | 06/12/2016 | | \$ | 50.00 | | |
| 4. Tota | al only this Pag | ge | | | | \$ | - | 450.00 | | |
| 5. Tota | ol of ALL CRO | D-1210 Pages | | | | \$ | | 2 200 00 | | |
| (This ! | Ima muset ha am Head | 6 of Detailed Summary D | Dans CBO 11001 | | | 4 | | 2,300.00 | | |

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

| Use thi | s form to report in | dividual contribution | s over \$50 or c | ontributions 1 | under \$50 if form CRO | 1205 is no | t used | |
|----------------|--------------------------|-----------------------|------------------|----------------|------------------------|-------------------------|----------------|--|
| 1. Com | mittee Full Name | (and Fund if applicat | de) | | | 2. ID Nu | mber | |
| COMN | MITTEE TO ELE | CT PATRICIA SYK | ES | | | | | |
| 3. Cont | ributor Informati | on | | Add D R | lemove | | | |
| 54 | Name, Mailing Ad | | | b. Job Title/ | Profession | d. Comn | ents | |
| | ide city, state, & z | ip) | | SUPERVIS | OR | | | |
| | CASTEEN CUPPER RUN S | SE. | | c. Employer' | s Name/Specific Field | - | | |
| | HPORT, NC 284 | _ | | ADM | | | | |
| | | | | | | e. Dectio | on Sum to Date | |
| | | | | | | \$ | 750.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Des | scription | j. Date (mm/dd/yyyy |) k. Ai | nount | |
| | SYKES3 | Check | | | 03/05/2016 | \$ | 750.00 | |
| | | | | | | \$ | | |
| | | | | | | \$ | | |
| | ributor Informati | | | Add 🔲 R | lemove | | | |
| | Name, Mailing Ad | | | h. Job Title/I | Profession | d. Comm | ents | |
| | de city, state, & z | ip) | | RETIRED | | | | |
| | ON CORLEW EGENCY CROS | SING | | c. Employer' | s Name/Specific Field | 1 | | |
| | HPORT, NC 284 | | | MANAGEN | | | | |
| (910) | | | | | | e. Election Sum to Date | | |
| | | | | 100 | | \$ 300. | | |
| . Prior | g. Account Code | h. Form of Payment | i. In-Kind Des | cription | j. Date (mm/dd/yyyy |) k. Ar | nount | |
| | SYKES3 | In-Kind | MEET AND O | GREET IN | 03/03/2016 | \$ | 300.00 | |
| | | | | | | \$ | | |
| | | | | | | \$ | | |
| | ributor Informati | | | Add 🔲 R | emove | | | |
| | ame, Mailing Add | | | b. Job Title/F | | d. Comm | ents | |
| | de city, state, & z | (p) | | TRUCK DR | IVER | | | |
| | HARCEG IERCE ROAD, B | SI. | | c. Employer's | s Name/Specific Field | | | |
| | HPORT, NC 284 | | | SELF EMP | LOYED | | | |
| (910) 845-2006 | | | | e. Electio | n Sum to Date | | | |
| | | | | | | \$ | 100.00 | |
| . Prior | g. Account Code | h. Form of Payment | i. In-Kind Des | cription | j. Date (mm/dd/yyyy) | k. An | nount | |
| | SYKES3 | Cash | | | 03/07/2016 | \$ | 50.00 | |
| | SYKES3 | Cash | | | 03/08/2016 | \$ | 50.00 | |
| | | | | | | \$ | | |

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1,150.00

2,300.00

\$

| Con | tributions fr | om Individual | • | | Pg 3 of 4 | | Amend | |
|-----------|--|-----------------------|----------------|---------------------|------------------------|--------------|-------------------------------------|-------------|
| | AA I I I I I I I I I I I I I I I I I I | | _ | | under \$50 if form CRO | _ | To be described and sentence of the | |
| | | (and Fund if applicab | | one is a control of | and the second | and the last | ib Numi | |
| | | CT PATRICIA SYK | | | | 1 | | |
| | | | | | | | | |
| | tributor Informati | | | 1000 | Remove | | | |
| | Name, Mailing Ad | | | b. Job Title/ | Profession | d. | Commen | its |
| | ude city, state, & z | ip) | | PILOT | | | | |
| | S C HERRING | | | a Employer | 's Name/Specific Field | - | | |
| | OBERT RUARK HPORT, NC 284 | | | | | 1 | | |
| 3001 | nfoki, NC 264 | 101-2016 | | CAPE FEA | AR RIVER PILOTS | e. | Dection | Sum to Date |
| | | | | | | | | 222.22 |
| | | | | | | \$ | | 200.00 |
| f. Prior | | h. Form of Payment | i. In-Kind De | scription | j. Date (mm/dd/yyyy |) | k. Amo | unt |
| | SYKES3 | Check | | | 06/18/2016 | | \$ | 200.00 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| 3. Cont | ributor Informati | on | | Add 🔲 I | Remove | | | |
| a. Full 1 | Name, Mailing Add | dress & Phone | | b. Job Title/ | Profession | d. | Commen | its |
| (incl | ude city, state, & z | ip) | | UNK | | T | | |
| | KELLY | | | | | 1 | | |
| | NORSEMAN L | | | | 's Name/Specific Field | 4 | | |
| SOUT | HPORT, NC 284 | 61 | | RETIRED | | | Destion | Sum to Date |
| | | | | | | | | |
| | | | | | | \$ | | 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind De | scription | j. Date (mm/dd/yyyy |) | k. Amou | unt |
| | SYKES3 | In-Kind | MEET AND HOME | GREET IN | 03/06/2016 | | \$ | 100.00 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | ributor Informati | | | Add 🔲 F | Remove | | | |
| | Same, Mailing Ado | | | b. Job Title/ | Profession | d. | Commen | ts |
| (inclu | ide city, state, & z | ip) | | DEVELOP | ER | | | |
| | CLAMB | | | | | 4 | | |
| | AGON WHEEL | | | | 's Name/Specific Field | - | | |
| CALA | BASH, NC 2846 | 7 | | REAL EST | TATE DEVELOPER | e | Hection (| Sum to Date |
| | | | | | | | | |
| | | | | | | \$ | | 100.00 |
| . Prior | g. Account Code | h. Form of Payment | i. In-Kind Des | scription | j. Date (mm/dd/yyyy |) | k. Amot | unt |
| | SYKES3 | Check | | | 03/09/2016 | | \$ | 100.00 |
| | | | | | | | \$ | |
| | | | | | | _ | | |

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

400.00

\$

\$

| | 2 | om Individual | _ | | $\frac{4}{500000000000000000000000000000000000$ | | Amenda Ves | No No | |
|--|--|-----------------------|----------------|--------------------------------|---|--------|------------------------|-------------|--|
| 0.00 | | dividual contribution | | ontributions i | ander \$50 if form CRO | 1200 | ID Numb | | |
| | | CT PATRICIA SYK | | | | * | ip Nump | GI | |
| | | | | | | | | | |
| and the second | ributor Informati | | | | lemove | | | | |
| | Name, Mailing Ad ide city, state, & z | | | b. Job Title/I | rofession | d. (| Comment | ls . | |
| | THE | тр) | -, | UNK | | | | | |
| | PEARCE VINGFOOT DRI | VE | | c. Employer' | s Name/Specific Field | - | | | |
| | HPORT, NC 284 | | | RETIRED | | - | | | |
| 5001111 OK1, NC 25401 | | | | KETIKED | | e. | e. Dection Sum to Date | | |
| | | | | 100 | | \$ | | 200.00 | |
| f. Prior g. Account Code h. Form of Payment i. in-kind | | | | escription j. Date (mm/dd/yyyy | | | k. Amou | int | |
| | SYKES3 | Check | | | 03/03/2016 | | \$ | 200.00 | |
| | | | | | | | \$ | | |
| | | | | | | | \$ | | |
| 3. Cont | L ributor Informati | on | | Add □ R | emove | 1450 | | | |
| | iame, Mailing Ad | | | b. Job litle/l | | d. (| Comment | ls | |
| (inclu | de city, state, & z | ip) | | RETIRED | | \top | | | |
| MIKE | RICE | | | | | | | | |
| 2012 B | ONNER BUSSE | LLS DRIVE | | c. Employer's | s Name/Specific Field | | | | |
| | HPORT, NC 284 | 61 | | LAWYER | | | | | |
| (910) 457-1185 | | | | | | e. I | ection S | oum to Date | |
| | | | | | | \$ | | 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Des | eription | j. Date (mm/dd/yyy) |) | k. Amou | nt | |
| | SYKES3 | Check | | | 03/10/2016 | | \$ | 100.00 | |

4. Total only this Page

4. Total only this rage

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

NC State Board of Elections

2,300.00 April 2007

300.00

\$

\$

\$

\$

| Dishawa | |
|---------------|----|
| Disbursements | Pg |

| | | | | Amendment | | | | |
|----|---|----|---|-----------|------|--|--|--|
| Pg | 1 | of | 3 | ☐ Yes | X No | | | |

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| 1. Committee Fu | II Name (and Fund | if applicable) | | | DAME. | | | 2. ID Nu | mber |
|---------------------|------------------------|----------------------|-------------|-------------------|---------|------------|--|------------|----------------|
| | TO ELECT PATR | | | | | | | | |
| 3. Type of Disbut | | use separate Cl | | | | | | | |
| Operating Expe | enses | tributions to Candid | dates/Polit | ical Committees | | Coc | rdinat | ed Party E | kpenditures |
| 4. Payee Informa | tion | | | Add 🔲 | Remo | ove | | | |
| a. Full Name, Ma | iling Address & Pl | none | | b. Coordinate | d Com | mittee Na | am e | d. Comm | e n ts |
| (include city, stat | e, & zip) | | | | | | | | |
| BRUNSWICK C | COMMUNITY CO | LLEGE | | | | 10 10 | | | |
| FOUNDATION | | | | c. Level Regis | | | | | |
| BOLIVIA, NC | 284 | | | State | ř | County: | | a Flactio | n Sum to Date |
| (910) 755-7473 | | | | <u> </u> | | withinterp | unty. | | n Sum to Batt |
| | | | | | | | | \$ | 250.00 |
| f. Account Code | g. Form of Payment | h. Purpose Cod | e i. Date | (mm/dd/yyyy) | j. Am | ount | k. Re | quired Re | marks |
| SYKES3 | Debit Card | 0 | 0: | 3/07/2016 | \$ | 250.00 | SPO | NSORSH | IP/DONATIO |
| | | | | | \$ | | N | | |
| 1.0 | | | 4 | | - | | | | |
| 4. Payee Informa | | | | Add D | Remo | | | d. Comm | |
| | iling Address & Ph | ione | | b. Coordinate | a Com | mittee N | ıme | a. Comm | ents |
| (include city, stat | | I FOLDIDATIO | N I | | | | | | |
| 924 N HOWE S | ORIAL HOSPITA | L FOUNDATIC | N | c. Level Regis | tered | (Specify) | | | |
| SOUTHPORT, 1 | | | | ☐ Federal | | County: | | | |
| (910) 457-3850 | 10 20101 | | | ☐ State | | Municip | ality: | e. Electio | n Sum to Date |
| | | | | | | | | \$ | 370.00 |
| | <u> </u> | Tr. 6 | 1 | | T | | | | |
| | g. Form of Payment | | | (mm/dd/yyyy) | | | | quired Re | |
| SYKES3 | Check | 0 | 04 | 1/11/2016 | \$ | 250.00 | | HER HO | |
| | | | | | \$ | | roo | NDATIC | N GALA |
| 4. Payee Informa | tion | | | Add 🗖 | Remo | ve | | | |
| a. Full Name, Mai | iling Address & Ph | ione | F10K- | b. Coordinate | d Com | mittee Na | ıme | d. Comm | ents |
| (include city, stat | e, & zip) | | L.Fire | | | | | | |
| NOVANT HEAD | LTH FOUNDATION | ON | | | | | | | |
| 240 HOSPITAL | | | | c. Level Regis | - | | | | |
| BOLIVIA, NC 2 | 28422 | | | Federal | L | County: | 19 | - Marain | - C 4- D-4- |
| (910) 721-1473 | | | | State | | Municip | amy: | e. Dectio | n Sum to Date |
| | | | | | | | | \$ | 100.00 |
| f. Account Code | . Form of Payment | h. Purpose Cod | e i. Date | (mm/dd/yyyy) | j. Am | ount | k. Re | quired Re | marks |
| SYKES3 | Check | 0 | | 1/18/2016 | \$ | 100.00 | - | | N EVENT TO |
| | | | | | - | | Alternative State of the Control of | E MONI | |
| | Name and the last | | | | \$ | | | | |
| 5. Total only this | Page | | | | | | | \$ | 600.00 |
| 6. Total of ALL C | CRO-1310 Pages | | | | | | | | |
| (This line goes in | line 13a of Detailed | Summary Page CR | O-1100 if | Operating Expe | nses) | | NA STANCE OF THE PARTY OF THE P | \$ | 1 917 17 |
| | line 13b of Detailed | | | | | | omm) | Þ | 1,817.17 |
| (This line goes in | line 13c of Detailed . | Summary Page CR | 0-1100 if | Coordinated Pa | rty Exp | enditures) | | | |
| 7. Purpose Co | des (List detailed | expenditure cod | le in (h.) | above) | | 21 | | | |
| A* - Media | B* - Printi | ng | C* - F | undraising | | D-To | Anotl | ner Candi | date |
| E - Salaries | F* - Equipn | ~ | | | | | | | ffice Expenses |
| I - Postage | J - Penaltie | es | K* - 0 | ffice Expense | S | Q* - D | onatio | n to Lega | l Expense Fund |
| O* Other | | | | value in the same | - | | | - | |
| * Codes require | detailed explanation | on in required re | marks fi | eld (k) | | | | | 计是对象主义 |

| - | • | n | | | | | | | |
|---|-----|----|---|-----|---|---|---|------------|-----|
| D | IC | lh | | POC | Δ | m | 0 | m 1 | - |
| | 1.0 | w | u | 13 | C | | v | ш | LO. |

| | | | | Amendme | ent |
|----|---|----|---|---------|------|
| Pg | 2 | of | 3 | ☐ Yes | X No |

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| 1. Committee Ful | I Name (and Fund | if applicable) | | | | | 2. ID Nu | mber |
|--|--|------------------|--|------------|---|-----------|------------|-----------------|
| | O ELECT PATR | | | | | | | |
| 3. Type of Disbur | sement (Pleas | e use separate | CRO-1310 forms for | each type | of Disbu | rseme | ut.) | |
| Operating Expe | | tributions to Ca | ndidates/Political Comm | ttees | Coc | rdinat | d Party E | xpenditures |
| 4. Payee Informa | tion | | ☐ Add ☐ | Rem | ove | | | |
| a. Full Name, Mai | ling Address & P | hone | b. Coordi | nated Con | mittee Na | me | d. Com m | ents |
| (include city, state | e, & zip) | | | | | | | |
| THE BRUNSWI | CK BEACON | | | - | (6 | | | |
| P O BOX 2558 | | | c. Level F | legistered | County: | | | |
| SHALLOTTE, N | IC 28459 | | State | | Municip | | e. Electic | on Sum to Date |
| (910) 754-6890 | | | | | | | | |
| | | | | | | | \$ | 118.00 |
| f. Account Code | . Form of Paymen | t h. Purpose (| Code i. Date (mm/dd/y | yyy) j. An | ount | k. Re | quired Ro | marks |
| SYKES3 | Debit Card | A | 03/21/2016 | \$ | 118.00 | AD | | |
| | | | | \$ | | | | |
| 4 Days Informs | 4lan | | ☐ Add □ | | ove | | | |
| 4. Payee Informa a. Full Name, Mai | | hone | PRINCE AND ADDRESS OF THE PRINCE AND ADDRESS | nated Con | | ı m e | d. Comm | ents |
| (include city, state | | none | 0.000 | | | | | |
| THE PRINT SH | | | | | | | | |
| 150 HOLDEN B | | UITE 3 | c. Level I | legistered | (Specify) | | | |
| SHALLOTTE, N | | | Feder. | al I | County: | | | |
| (910) 755-6151 | | | ☐ State | | Municip | ality: | e. Electic | on Sum to Date |
| | | | | | | | \$ | 5,339.17 |
| f. Account Code | Form of Dayman | t h. Purpose | Code i. Date (mm/dd/) | vvvli Am | ount | k. Re | quired R | marks |
| SYKES3 | Debit Card | В | 03/03/2016 | | 224.18 | | | HAND OUT AT |
| | | | | | | | 100 | MAILING |
| SYKES3 | Debit Card | BI | 03/03/2016 | | 721.08 | CAR | DS ANL | MAILING |
| 4. Payee Informa | | | ☐ Add ☐ | Rem | | | | |
| a. Pull Name, Mai | The state of the s | hone | b. Coord | nated Con | amittee N | am e | d. Comm | ents |
| (include city, state | | | | | | | | |
| THE STATE PO MOORE STREE | | | c. Level I | tegistered | (Specify) | Will I | | |
| SOUTHPORT, N | | | ☐ Feder | | County: | | | |
| (910) 457-0954 | 10 20401 | | ☐ State | | Municip | ality: | e. Electic | on Sum to Date |
| | | | | 110 | | Non-Maria | \$ | 153.00 |
| | | | | | | IC 6 | | |
| f. Account Code g | | 1 | Code i. Date (mm/dd/y | | | - | quired R | emarks |
| SYKES3 | Debit Card | A | 03/21/2016 | \$ | 68.00 | AD | | |
| | | | | \$ | | | | |
| 5. Total only this | Page | | | | | | \$ | 1,131.26 |
| 6. Total of ALL C | | | | New York | | | | -7 -12 - 14V |
| The state of the s | | i Summary Paga | CRO-1100 if Operating | Expenses) | | | | |
| | | | CRO-1100 if Contrib to | _ | /Political C | omm) | \$ | 1,817.17 |
| | | | CRO-1100 if Coordinate | | | | - 3 | |
| 7. Purpose Co | des (List detaile | d expenditure | code in (h.) above) | | | | | |
| A* - Media | B* - Print | | C* - Fundraisi | g | D-To | Anot | her Cand | idate |
| E - Salaries | F* - Equip | _ | G - Political Par | - | H* - H | olding | Public (| Office Expenses |
| I - Postage | J - Penalt | ies | K* - Office Exp | enses | Q* - D | onatio | n to Leg | al Expense Fund |
| O* Other | 112/11/2014 | | | | CONTRACTOR OF THE PARTY OF THE | | | |
| * Codes require | detailed explanat | ion in require | d remarks field (k) | | | 193719 | 4.014.00 | |

| | | | | Amenament |
|---------------|----|------|---|--|
| Disbursements | Pg | 3 of | 3 | Yes X No |
| | | | | The second secon |

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| committees and | coordinated party | expenditure | S | | | - | | | - |
|---|--|--|-------------------------------|---|-----------|--------------------------------|--------------|--|---------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Nun | nber | | |
| COMMITTEE ' | TO ELECT PATE | UCIA SYKE | ES | | | | | | |
| | | | | | | | | | |
| 3. Type of Disbu | | GEOGRAPHICAL STATES AND AND ASSESSMENT | te CRO-1310 | CONTRACTOR SPECIFICA | | | | | |
| Operating Exp | enses | ntributions to | Candidates/Poli | tical Committe | ees | ☐ Co | ordinat | ed Party Ex | penditures |
| 4. Payee Informa | ation | | | Add 🔲 | Remo | ove | | | |
| a. Full Name, Mailing Address & Phone | | | b. Coordinated Committee Name | | | d. Comme | nts | | |
| (include city, sta | te, & zip) | | | | | | | | |
| VICTORY STO | RE | | | | | | | | |
| 5200 SW 30TH | STREET | | | c. Level Registered (Specify) Federal County: | | | | | |
| DAVENPORT, | IA 52802 | | | ☐ Federal | | | | | |
| (888) 968-2688 | | | | State | | Municip | pality: | e. Dection | Sum to Date |
| | | | | | | | | \$ | 292.61 |
| f. Account Code | g. Form of Paymen | t h. Purpos | e Code i. Date | e (mm/dd/yyy | y) j. Am | ount | k. Re | quired Res | narks |
| SYKES3 | Debit Card | 0 | 0 | 6/08/2016 | \$ | 85.91 | SIG | N | |
| | | | | | - | | | | |
| | | | | | \$ | | | | |
| 5. Total only this | s Page | | | | | | | \$ | 85.91 |
| 6. Total of ALL | CRO-1310 Pages | | | | | | | | |
| (This line goes in | n line 13a of Detailed n line 13b of Detailed n line 13c of Detailed | d Summary Pa | ige CRO-1100 i | f Contrib to Co | andidates | | | \$ | 1,817.17 |
| 7. Purpose Co | des (List detaile | d expenditu | re code in (h.) | above) | | | | | |
| A* - Media | B* - Print | ting C* - Fundraising D - To Anothe | | her Candidate | | | | | |
| E - Salaries | F* - Equip | F* - Equipment G - Po | | AND RESIDENCE OF THE PROPERTY | | Holding Public Office Expenses | | | |
| I - Postage | Postage J - Penalties K* - C | | Office Expenses Q* - Donation | | | on to Legal | Expense Fund | | |
| O* Other | | | | | | - | | | |
| The second name of the second | detailed explanat | ion in requi | | | | | N. Teles | The State of the S | |
| CRO-1310 | | 5.000303 | NC State Bo | ard of Election | ns | | | | December 2009 |

| 25 SANDE - NAME | 2420 | | | | | Amenum | ent |
|-----------------|------------|------|------|----|---|---|------|
| In-Kind Con | tributions | | Pg 1 | of | 1 | ☐ Yes | X No |
| | | | | | | P-1-20-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| 1. Committee Full Name (and Fund if applicab | 2. ID Number | | | | | | | |
|--|--|------------------------|----------------|-------------|-------------------------|--|--|--|
| COMMITTEE TO ELECT PATRICIA SYKI | ES | | | | | | | |
| 3. Contributor Information | ☐ Add ☐ R | emove | | | | | | |
| a. Full Name, Mailing Address & Phone | | | | c. Comments | | | | |
| (include city, state, & zip) | ☑ Individual | | | | | | | |
| GORDON CORLEW | ☐ Candidate | | | | | | | |
| 4577 REGENCY CROSSING | ☐ Party | | | | | | | |
| SOUTHPORT, NC 28461 | ☐ PAC | | | | | | | |
| (910) | — · · · · · · · · · · · · · · · · · · | Referendum | | | d. Election Sum to Date | | | |
| | Other Rec | eipt Source | \$ | | 300.00 | | | |
| e. Description | and the state of t | f. Date (mm | /dd/yyyy) | g. Fair M | larket Amount | | | |
| MEET AND GREET IN HOME | | 03/03/2 | | \$ | 300.00 | | | |
| | | | | \$ | | | | |
| | | | | \$ | | | | |
| 3. Contributor Information | ☐ Add ☐ Re | emove | | | | | | |
| a. Full Name, Mailing Address & Phone | b. Type of Co | ntributor | or c. Comments | | | | | |
| (include city, state, & zip) | M Individual | | | | | | | |
| JOAN KELLY | Candidate | | | | | | | |
| 4002-1 NORSEMAN LOOP | Party PAC | | | | | | | |
| SOUTHPORT, NC 28461 | Referendu | d. Dection Sum to Date | | | | | | |
| | Other Receipt Source | | | | io Date | | | |
| | | orpr source | \$ | | 100.00 | | | |
| e. Description | | f. Date (mm | /dd/yyyy) | g. Fair M | arket Amount | | | |
| MEET AND GREET IN HOME | | 03/06/2016 | | \$ | 100.00 | | | |
| | | | | | \$ | | | |
| | | | | \$ | | | | |
| 4. Total only this Page | | | \$ | | 400.00 | | | |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary | Page CRO-1100) | | \$ | | 400.00 | | | |
| | C State Board of Election | S. | | | December 2007 | | | |